COPE
Combating Poverty in Europe

Work Package 7 – Poverty as a Problem of Targeting Groups along their Life-Course: Active Inclusion of Deprived Groups

National Report: Sweden

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Contents

Introduction

I. Local context

Malmö is the third largest city in Sweden with more than 300 000 inhabitants. From being a city with extensive industrial production businesses were closed down rapidly and like the national local labor market, the number of jobs decreased quickly from the early 1990s. The process of industrial reconstruction actually started already in the late 1970s. Malmö's main industry sectors now includes environmentally friendly technology, logistics, retail and wholesale trade, media and service industries (Malmö City 2013). In 1998, the local University (Malmö Högskola) was founded partly in an effort to expand higher education and partly as a general labor market measure. Malmö University are accommodating 25 000 students (Malmö University 2013). The City of Malmö has increasingly adjusted and tried to change its image and nowadays describes itself as a 'city of knowledge'.

The local demographic patterns have changed considerably over the last decades. In terms of size of population, Malmö is one of the quickest growing cities throughout Europe; during the last years the population has grown with about two per cent annually. There are three reasons for these changing population trends. First, changes in local infrastructure (and above the construction of a bridge between Malmö and Copenhagen) opened up for Malmö becoming a regional center in Southern Sweden. Second, like many other Swedish cities, the local University has expanded tremendously which has contributed to both short-term and long-term population growth. Third, during the last two decades, Malmö become one of the main cities for foreign born individuals to seek refugee status and to settle down in Sweden (Panican, Johansson, Koch & Angelin 2013). Malmö has one of the youngest population cohorts in Sweden. One of the most obvious demographic changes concerns the high number of foreign born.

Malmö's local labor market trends follow similar patterns as the country in general. However, the local labor market participation constantly lies on approximately 11 to 14 per cent less than the national average. In 2010, the employment level in Sweden was 74 per cent whereas for Malmö was 62 per cent (20-64 years old) (Salonen 2012). This marks out extensive problem pressure mounting on the city of Malmö. Several explanations have been put forward to clarify the gap between national patterns of labor market participation and patterns in Malmö: (i) that the labor market establishment generally takes longer time for people with a foreign background, a feature that appears especially relevant in the Malmö context, (ii) that large groups work in the Copenhagen area and these are not counted as working according to national statistics, (iii) that labor market establishment among young people tend to take long time and due to the young population, this is a key feature of Malmö local labor market. Since 2005, the unemployment in Malmö follows similar patterns as the

country in general and other main cities in Sweden. The main difference is that Malmö's unemployment rate is constant above the figures for Gothenburg, Stockholm and the national average. In Malmö, the unemployment rate for 2011 (15-74 years old) increased from an already comparatively high figure to 11 per cent and in 2012 to 12.2 per cent which is almost a double rate level for unemployment compared with Stockholm (Panican, Johansson, Koch & Angelin 2013).

The national average income per capita for 2012 was 270 286 SEK (30 400 EUR) while in Malmö was 233 580 SEK (26 300 EUR) which can be compared with Stockholm 320 765 SEK (36 100 EUR) and Gothenburg 269 388 SEK (30 300 EUR) (Statistics Sweden 2014). Malmö is one of the most poverty struck cities in Sweden. We notice a tremendous difference on levels of relative poverty (60 per cent of median income, EU definition) between Malmö and Sweden in general. Almost 30 per cent of the population in Malmö, in the age group of 18-64 years in 2008 lived in relative poverty while the rate for Sweden was about 13 per cent (Salonen 2012). At the start of the new Millennium, 15 per cent of the population received social assistance in Malmö. Ten years later the figure had dropped to approach 8.7 per cent of the population (Hjort 2012). The decline in household numbers then continued until 2007 and 2008, however, as the first part of the 2008 financial crisis hit Sweden, social assistance costs started to rise. The number of households has since then continued to raise substantially, both with regard to those receiving social assistance for a shorter period (1-9 months of a year) and for those receiving social assistance more or less for the entire year (10-12 months) (Salonen 2012).

Single mothers, long-term unemployed and the working poor face particular risks of poverty and social exclusion. These groups are of special interest for the COPE project. Previous studies demonstrate a fairly large part of the population as being working poor in Malmö. Salonen (2012) for instance found that 29 730 individuals or 17.1 per cent of population (aged 18-64) had an income related to work or study which was lower than the threshold for income poverty for the year 2008. However, working poor is neither a targeted group in national reforms nor in local reforms. There is also highly limited research on this group in the Swedish context. Salonen (2012) concludes his investigation by arguing that we don't know the patterns relating to working poor; it can be low-skilled employees, low-wage earners, part timers or single mothers belonging to this group. In 2012, the rate for long-term unemployment (unemployed for more than a year) in Malmö was 37 per cent among the unemployed population aged 16-64. Every fifth person from long-term unemployed individuals in the same age group has been jobless for more than two consecutive years (Malmö City Employment 2012). Long-term unemployed have been a targeted group in both national and local active labor market reforms. For instance, the city of Malmö runs a program called `The Portal` which provides work rehabilitation for long-term unemployed (then defined as people out of work longer than 6 months) and older than 24 years and in need of personal coaching. The program includes psychological counseling sessions for participants with psychological and emotional needs (Malmö

City Job 2012). The program is, however, not particularly extensive as only 49 long-term unemployed participated in 2012 (Malmö City 2013 Statistics). Single mothers are on average at a higher risk of poverty and social exclusion than the total population in Sweden (Angelin & Salonen 2012, Köhler & Djurfeldt 2012). For instance, about 20 per cent of all single mothers in Sweden received social assistance at some point during 2010. At national level, single mothers have been identified as one of the groups losing out in terms of social and economic resources over the last years (Stranz & Wiklund 2011). A completed study with representatives from the social services in Malmö concluded that single mothers is among the groups that has the greatest difficulties to manage a reasonable living standard while receiving social assistance (Angelin & Salonen 2012). A large proportion of Malmö poor families consist of single parents. To increase the opportunity to enter the labor market – and to keep employment positions – childcare services are a top priority. This not only regards Malmö, it is a central aspects of the Swedish social model as childcare services are offered at a universal basis (with certain restrictions for unemployed, students and individuals on parental leave). Malmö aims to offer inhabitants a flexible and accessible child care system and has allocated 5 million SEK (581 000 EUR) in 2012 to provide night time childcare and childcare for inconvenient hours (ibid.).
Malmö has extensive and ambitious social intervention programs, sometimes connected to national programs. However, despite that Malmö faces higher poverty levels than the country in general and extensively higher social costs for social assistance (and also stands out in comparison using other indicators), the social intervention programs rarely focused directly on poverty or reforming the local MIS or use targeted measures regarding those groups of special interest for the COPE project. Attention is instead oriented on social exclusion and labor market integration. The Social Services Act, which regulates the social assistance system, does not particularly focus on the three groups' single mothers, long-term unemployed persons and working poor (Panican, Johansson, Koch & Angelin 2013).

2. Anti-poverty policies

2.1 History of collecting benefits

- Length and cycles of collecting benefits

Interlocutors:

Andrea (WP, F, 39), have boyfriend but do not cohabitate
Arne (WP, M, 55), have girlfriend but do not cohabitate, adult son
Douglas (WP, M, 49) Single. His work is an internship where he recently only receive welfare benefits as compensation.
Lena (LTU+SP, F, 35) Single mother 4 children(3 living at home) have boyfriend but do not cohabitate
Håkan (LTU, M, 39) Living with mother and partially ex-wife
Susanne (LTU, F, 26) Single

Pia (LTU+SP, F, 51) 4 children (3 living at home)
Maria (WP, F, 50) Single, adult daughter
Lina (LTU+SP, F, 39) Two sons, have boyfriend but do not cohabitate
Jonna (LTU+SP, F, 44) Three children (1 daughter living at home)

The experiences of the interlocutors are diverse and dynamic. They have all received municipal means-tested welfare benefits[1] but the extent and function of this specific benefit varies considerably. In Annex 1 the interviewed persons are individually presented together with their history of collecting benefits. To avoid repetition of data in the report we have chosen to describe the experiences and major causes of benefit receipt in a more broad description where the major categories of interlocutors are outlined. Categorizations of this kind always carry the risk of reducing or simplifying unique trajectories to predetermined concepts and stereotyped generalizations of the content and cause of problems associated to the category. However, in analysing the 10 interviews it is apparent that among the interlocutors certain background factors, challenges and living conditions are shared to the extent where it is reasonably to broadly "categorize" these previous or current recipients of welfare benefits.

Three of the interlocutors have experienced drug related addictions during their entire life since youth or early adulthood. Their participation on the labour market has been relatively modest or almost non-existing. The need for welfare benefits have been more or less chronic however two of them have in recent years managed to find a position in subsidised employment. The next distinguishable category are four single mothers where welfare benefits have had a more dynamic presence and function complementing other income sources mainly from The Swedish Social Insurance Agency (various parental benefits, sikcness compensations and housing allowances). Another common trait is that all single mothers lack support and a functioning relation to the fathers of their children. In addition to this several of their children have substantial challenges related to special needs (ADHD diagnoses, diabetes, depression/suicidal attempts etc.).

Only one person of the interviewed, Douglas, have experienced decades of stable working life but Andrea were employed for ten consecutive years. The remaining two interlocutors are single women (one in her mid-twenties the other middle aged) that presently have a frail connection to the labour market but have experiences of ALMP/activation projects. They both have struggled with educational challenges as well as dealing with the burden of handling previous experiences of psychological distress. The cycles of collecting benefits in this report only refer to interlocutors own experiences of benefit receipt at an adult age. However, it should be noted that half of the interlocutors have since an early age been subject to either foster care or grown up under circumstances of either abuse,

[1] The Swedish policy and legislation do not typically distinguish or administrate benefits differently in relation to statuses of being for instance a single parent or persons out of work but lacking unemployment benefits. When we use the term welfare benefits we refer to the general Swedish benefit system "Försörjningsstöd", municipal means tested benefits that are a last-resort income protection for those who have exhausted all other sources of provision and are unable of maintaining a reasonable standard of living if not financially assisted by social welfare.

drug addiction or neglect in their parental homes and consequently have had substantial contacts with social services from childhood and onwards.

- Cases of denial of benefits: What were the reasons? Did the person(s) appeal from the decision? To what end?

The interlocutors' vast experiences of denial of benefits and consecutive appeals are strongly connected to the issues of conditionality and consequences of breaking stipulated requirements and terms set by social services. We have therefore chosen to integrate this in the section where a comprehensive analysis of conditionality and requirements for being eligible for social welfare receipt is presented. Even though denial of benefits are mainly associated with failing to meet conditional requirements there are also several interviews where the interlocutors recall painful rejections of applications due to social services assessment that the requested item or expense do not qualify due to the overarching guiding principle of only approving "reasonable standard of living". The frustration and questioning of how social services interpret and implement this legal definition are presented in the section on individual resources (material situation) and in the section on personalization as interlocutors discuss the denials in relation to their perception of the unreasonable material standard of living that basic welfare benefits provide.

2.2 Characteristic of benefits and services

- What types of benefits were offered to the interviewees?
- What types of services were offered to the interviewees:
    - Employment
    - Other
- Were there any group differences in terms of services offered (e.g. different for the LTU, WP, SP, other groups)?

In analysing the interlocutors' responses to what benefits and services they have been offered it is apparent that some initial distinctions must be clarified. Terms as "service" and "offer" are by many perceived as paradoxical or contradictive as experiences of various interactions with public agencies, welfare administration and employment activation programmes have been involuntary and perceived as counterproductive rather than a service or benefit. For many activities have been ordered and not offered. The relationship with public organizations are often characterized by being treated as a dependant client rather than acknowledged status as customer or user.

All interlocutors have had some experience of social services through welfare benefit payments during the past five years. Several of the single mothers have in addition to this had contacts in relation to their children either in relation to parental custody feuds or investigation of the needs (suspicion of lacking parental capacity, ADHD related support etc.). In the city of Malmö (where all the interviews were conducted) the municipality have

chosen to initiate and fund local activation projects targeting recipients of welfare benefits. The national PES schemes and services are often deemed as insufficient, malfunctioning or not available for welfare benefit recipients who is confirmed in the interviews. Several of the interlocutors describe that they have been rejected by PES with the motivation that they are not "employable" at the moment due to lacking skills, education or work-life experience and thus not eligible for PES services hence referred back to social services and municipal ALMP/activation initiatives. Generally interlocutors have a temporary and marginal access to regular PES services. However, several interlocutors have been placed within local projects or internship placements where municipal social services and PES collaborate in "projects" focusing on certain target groups as long-term unemployed, young welfare recipients with low education, disabilities etc. The purposes the interlocutors describe that social services expressed was to provide activation and inspiration but also to state that passive receipt of benefits were unacceptable.

Those with somatic illnesses (three of the single mothers) have experienced that participation in projects, either initiated by social services or The Swedish Social Insurance Agency, were intending to assess their capability to work. For all of the mothers' project placements and rehab assessment programmes have been temporary and generally not functioning in relation to their illnesses or parental care responsibilities and the associated commuting were also regarded as too costly in relation to both time and money. The mothers have only partially been dependant on municipal welfare benefits as they in relation to their own or their child's illnesses have been eligible for remunerations from The Swedish Social Insurance Agency. During the periods following the births of their children they have received regular parental insurance payments (up to 18 months per child). The mothers have had access to the general municipal child care services (unemployed persons generally have reduced access to full time placemens).

Two of the interlocutors with previous drug addictions, Maria and Arne[2] are in subsidised employment at civil society organizations/NGO:s where both municipal social services and PES have been involved in agreeing to the arrangement. Also the LTU middle aged man, Douglas, with previous working experience are placed at a civil society organization, first with partial support from The Swedish Social Insurance Agency but as his right to remuneration were refused due to the lenght of his unemployment he is now working at least six days every week at the placement but are only entitled to welfare benefits.

Two of the interlocutors Andrea and Håkan have been under investigation and treatment programs related to neuropsychiatric disorders/personlity-disorder and have in addition to this both had drug related problems (described as a result of "self-medication") for which they have recieved both medical (somatic and psychiatric) as well as psychological treatment services . The drug addiction were for the male so severe that he also were admitted to a drug rehabilitiation instituiton for months, unfortuantely without any positive results. The previously described 55 year old man Arne with subsidised employment have also had several encounters throughout his life with drug addiction treatments. Four years ago he decided to

initiate a final try and have received several services and benefits that according to him have been absolutely neccesary to remain drug free, among them were a housing support social worker, shelter and later an apartment provided by social services and also inclusion in various activation and education projects coordinated by the municipality and PES. Also Maria have had support resembling this.

No specific patterns are clearly distinguishable in relation to services or benefits provided or offered to different categories (except for obvious correlations as access to services for specific target groups as families, drug addicts etc.). For the single mothers with young children and those with previous drug addiction(during the years in addicition) consideration has often been taken by lowering demands due to their incapability to participate in extensive activation. The general pattern is rather that interlocutors are referred between various public institutions and service providers but rarely remain for longer periods, participation are often intermittent or disrupted and lack dedication, coherence and continuity from service providers. This aspect is analysed further in other parts of the report.

- What were the amounts of benefits? (euro, exchange currency in the first day of fieldwork, preferably net)

This question has proven to be close to impossible to answer for the interlocutors as their income are so intertwined with the rest of the household and providing amounts becomes misleading in relation to the number of dependent children. Over the period of the last five years incomes have been dynamic and often varying due to their marginal position related to various sources of income; temporary jobs, welfare benefits, child allowances, sickness benefit compensations etc.

2.3 Personalisation/participation

- Were benefits adjusted to interlocutors' needs (e.g. differed according to the scale of needs/groups such as SP, WP, LTU)? In what cases yes/no? Where they paid correctly (e.g. no delay, exact amount)?

Welfare benefits from social services are adjusted according to a set norm where the basic support can be increased by adding fixed amounts related to for instance number and age of children and other varying costs needed to achieve the reasonable standard of living that shall be provided according to the Social Services Act. It is clear however that few interlocutors assess that their needs can be met from welfare benefits. The general experience is that the level is set at a far too low level. After bills are paid the remaining amount is often described as insufficient to provide necessary goods for the coming month. Loans or gifts from friends, family, financial or food assistance from church deacons are described as the primary strategy to add the necessary extra income. More extreme strategies mentioned by a few interlocutors are criminal activity, prostitution and renting out a bed to migrants or students. Some of the mothers have been granted supplement benefits from social services to cater for their child's recreational needs but despite this the financial situation are more or less described as a constant stress related to chronic deprivation. Two men and two women who live in single households do not experience financial stress to the same extent. Arne is satisfied with his

low-income employment and compares it to the misery he was living in as a homeless drug addict. Douglas compare life on benefits with decades of employment and suffer from his deteriorated standard of living but also emphasize that he adapts to the circumstances and that he possess what he needs. Susanna *)* and Andrea describe life as restricted socially and materially but still manage to cope relatively well. Håkan living with deprived elderly mother)and Maria a single woman are both very preoccupied with worries and anguish in relation to money and the constant struggle to make ends meet are the overshadowing problem in their lives. Despite a recent employment (her first ever) Maria are burdened with repayments of debts that she perceives as a destructive hindrance in rebuilding her life and finances. Social services are often described by interlocutors as inflexible and rigid in relation to adjust benefit levels to actual needs. The schematic norms are maintained and excemptions are rarely made. An example is that some of the interlocutors, Maria, have had severe difficulties in relation to a fixed housing norm as their rent exceeds it. As much as they have tried to scale down to a cheaper apartment they have been unable to do so as landlords refuse contracts to persons with welfare benefits and registrations of bad credit standing.

Some of the interlocutors (predominantly women)describe that social services are ignorant and negligent in relation to calculations of benefits and payments on correct dates. They therefore control sums as they lack confidence in their correctness often due to recurring patterns of new and unexperienced staff at the deparment for welfare benefits. However this is not described as a general problem among the entire group of interlocutors.

The experiences of poverty and the material situation are described in depth in several coming sections.

- Were services tailored to interlocutors' needs? In what cases yes/no? Which services were tailored, if any? Were individual action plans prepared? In what cases?

- Did interlocutors have influence on what was offered to them? In what cases? To what extent? Were there any disputes between welfare organisations' representatives and the interviewees concerning offered services (or individual action plans) – if yes, what about?

The broad picture indicates that offered services often lack tailoring to interlocutors needs which leads to counterproductive situations often characterized by "catch 22" situations best illustrated by concrete examples. Despite Linas motivation and a granted placement from The Swedish Social Insurance Agency at a good work training program this service resulted in rejection and financial problems. Lina suffers from a chronic gastric disease that with short notice make her unable to work (often for a day or two). As a result of this non-attendance her compensation from the activity grant were reduced as it was defined as a new qualifying period every time. Her income was substantially reduced which caused severe problems as she is a single mother. This service which she initially enjoyed and assessed as useful instead became a risk and a failure as rules could not be adjusted to the special requirements her disease imply. The same dilemma occurred at a qualifying PES course where she involuntarily had to leave due to not meeting standardized attendance requirements. Lina are frustrated that

no consideration or adjustment in relation to her needs could be made and wonders how she ever could qualify for the labour market on those terms. On the other hand Lina is also an example of the productivity of tailor made services. Her son who struggles with ADHD have had years of educational failures and painful social experiences in a non-functioning school environment. Through Linas cooperation with social services and school her son were admitted to a tailor made education where he is finally achieving good results academically and socially.

Another example is Håkan who for many years have tried to complete a full medical and psychiatric investigation to improve his neuro-psychiatric dysfunction and be eligible for sickness compensation investigation . The investigation requires extensive participation and focus. Håkan is very motivated as he perceives medication and treatment as the only possible way to enter the labour market. However, his constant lack of money worries him so much that he loose his ability to endure the investigation procedure, he then drinks to cope with the anxiety. As long as he is drinking he is not eligible for the ADHD investigation (blood/urine test reveals use). He has also experienced that lack of money has interfered with the regular visits at the clinic as he did not have any transportation and live far away. Håkan detest social services and being a welfare benefit client as he can´t make ends meet and feels severely maltreated by his present and former case workers. Despite this he is in a vicious circle where he perceives that services are so maladjusted to his situation and needs that he can´t break his destructive life situation.

Andrea who became unemployed after a decade at the same company were assisted by TRR a Swedish council that assistent redundant employees in companies to find new careers. There she had an advisor who helped her with her specific individual needs and tailored educations and gave her assistance in starting her own business. Andreas positive experience of this convinced her that the PES should adjust their services to a similar approach. She is very disapponted with most of the services she has received from welfare providers due to their rigidity. In order to recieive help from social services she has been demanded to quit her work in the little company that she has in the part time she can manage to work despite her disability. Andrea perceives this as deeply disturbing and counterproductive as she wants to work and can provide for herself partially through her business. *I was not allowed to have my business, but that would have helped me to provide for myself, but no, according to the law I was forbidden. I think it´s bloody stupid, their task is to help the individual to become self-sufficent. By this you actually insert a hindrance to that.* After a long struggle she has been granted half-time sickness compensation[3] which she sees as a huge relief as she is aware that medical investigations have shown that she is unable to work full-time. The solution is now tailormade in relation to her situation and her entire life situation are improving according to her estimation. Previously an extensive share of her time and energy were consumed by appeals and administrative application procedures that further reduced her capacity to focus on work.

[3] Also called activity compensation when paid to individuals who are under the age of 30 and are not able to work full time for at least one year due to illness, injury or disability. If more permanent and granted to persons older than 30 it is called Sickness compensation.

Arnes experiences of tailormade support during his drug rehabilitation have been described previously and were a central factor in suceeding his path towards employment. Several of the other interlocutors express that authorities have shown rather modest interst or dedication in their case and even less so regarding collaborating with other welfare/health providers or specifically adjusting services. Douglas states than when his case worker at the PES have another hundred clients to care for it is quite logical that he don´t receive that much individual attention. Individual action plans are hardly mentioned by interlocutors. However, even if this is the general tendency in the analysis there are also examples of empathy and service adjustments from public welfare providers for instance in relation to caring for children with special needs.

Some interlocutors have been able to influence what services that have been offered to them, for example wanting to stay longer within a project and being granted extension or provided with an internship placement within an area that corresponds with their own interests and wishes. But what is also mentioned by several is that they would have wanted service offers, for instance internships but have been refused a placement due to insufficent supply and resources of these. The previously described rejections from PES services are another example of withdrawn possibility of influence or access to services for the interlocutors.

- Where there single case workers? In what cases? If single case workers were appointed just in some cases, please compare it with situations without single case worker.
- Communication with employers of welfare organisations/case workers:
    - Level of knowledge about personal situation
    - General “climate” of interactions

The disputes that are primarily recalled during the interviews are very often related to conflicts regarding welfare benefit application that were not granted or when interlocutors have questioned how their application have been handled and assessed by case workers who have not complied with policies or formal regulations. There is also an experience shared by many that welfare providers are overly focused on “papers”. The administration procedures that surrounds the application phase interferes with the climate and relation as demands for certificates, receipts etc are extensive and exhausting from clients perspectives. Especially so when interlocutors find that requests for additional papers are used as a gate keeping function or deterring purpose to postpone the procedure and benefit grant payment. Descriptions of the general climate during interactions are often characterized by a strained and uncomfortable situation. Especially in relation to social services benefit department. The personal relationship and knowledge of the personal situation are described as very central by several of the clients especially by the single mothers and those with previous drug addictions. For Lena her individual case worker is so central that she is “afraid” to move (even though she

feels insecure in her neighbourhood) as it would mean that she got a new case worker *Not everyone agrees to the things that she has done for me. I know many people who are more or less crying after social services meetings, and since I got her I don´t have to. And she has taken extra initiatives like last year I got extra clothes for the children*. For Jonna the treatment at social services means "everything". *I mean it´s not a rejected application that creates the problems with social services , not at all, it´s how they treat you. It means everything; you are so small already when you live like this.* Jonna describes previous contacts with social services as traumatic where she has been degraded, humiliated and questioned and for her it has left significant scars and contributed to a worsening anguish syndrome. Håkan and Pia share the same experiences where they both perceive case workers as enjoying their power in a degrading process and that they are malicious by intent. They feel very degraded when the staff audit their expenses in detail and questions items as dog food especially when the case worker is young and have a repressive approach. Also Andrea has had several disputes and is extremely relieved that she no longer needs to apply for welfare benefits. For the rest of the interlocutors the relationship is more neutral and nuanced. To have single case workers is certainly not always perceived as positive when a mistrusting and aggressive relationship have been established. Another theme in the interviews is that staff is often replaced among all service providers resulting in low continuity.

PES relationships are more distant and visits are not frequent, recollections of meeting varies from positive to experiences of being ignored and badly treated but the most apparent feature is the remarks on PES as not interested or involved and difficult to establish contact with. It is also clear that The Swedish Social Insurance Agency generally were assessed (except by Andrea) as responsive to needs and adjusted demands and services. However based on so few cases general conclusions should be made with uttermost precaution.

- Groups of MIP beneficiaries: Are there any differences between LTU, SP, WP in terms of personalisation and participation?

In relation to the obligations the single mothers have as care providers for their young children (of which some have disabilities and special needs) and also that three of them have own debilitating health disorders it has been complex for authorities to require activation and counter performances in accordance with the normal procedures at social services, PES and The Swedish Social Insurance Agency. The same goes for Arne, Maria and Håkan as drugs have severely reducued their work capacity for long periods. The exemptions and decreased pressure that they all express to have experienced in relation to general workfare demands can be interpreted as a form of personalization and for interlocutors to participate in decisions on what they can cope with due to other life circumstances. Health problems is obviously a major factor that superseed the standard requirements from welfare providers. Also overwhelming life events as a stillborn child or a child that gets diagnosed with type 1 diabetes have resulted in withdrawn demands towards already decided activation placements. Individual life situation and events seem to be more relevant for personlization than different treatments due to belonging to a certain category of LTU, WP or SP. However, it is obvious that Arne and Maria during their period as drug addicts and in the rebilitiation process have had far more personally dedicated case workers that gave substantial attention to their individual needs.

The overall picture that interlocutors do not have much personal or actual meetings with welfare providers are obviously relevant as this logically contradicts and reduce possibilities for participation and personalisation. The recurring theme in several interviews are also experiences of rigid and inflexible policies from authorities which also contributes to an assesment of personalisation as rather reduced. Pia decribes her frustration in relation to this *And still it is clearly stated in the Social services Act that they shall take into consideration why the clients stuation have occured and that everyone have different circumstances and it´s impossible to treat everyone the same way and that you should see to that persons ability instead. But that has never happened in my case, they only care for paragraphs so you get exhausted. You get sick of it and just think go to hell with it.*

2.4 Conditionality and social rights

- Were there any responsibilities/conditions attached to benefits? If yes, please describe them.
- Were there cases of withdrawal/reduction of benefits because of not fulfilling contractual requirements?
- Were there any cases of rejection of application for benefits? What were the reasons? Did the person(s) appeal? To what end?

The experiences of conditionality are highly varied and also differ depending on health and family situation and on what institution the interlocutors have received benefits from. The interlocutors with previous or ongoing drug addictions all express that social services have refused or lowered their benefits motivated by failing to meet the stipulated requirement of being drug free. For Maria the consequences were drastical. During the interview she was asked whether she ever appealed a rejected welfare benefit application. Maria: *No, you have no energy for that och I don´t even know how to do it.* Interviewer: OK. *MARIA: So instead I had to work on the streets. No one told me how to do it, those were tough times.* Interviewer: *Do you mean that when you lost the welfare benefits you had to be in prostitution instead? MARIA: Yes, I had to have the money.* Also Håkan who has a long history of alcoholism and probably ADHD saw a direct relation between refused benefits and criminality as he claims that hunger and a desperate need to provide for his wife forced him to commit burglaries at repeated occasions. *No one can survive on 3000 crowns per month.*[4] *I had to do criminal things, burglaries and make money on the side. And I told social services you are driving me towards this.* Håkan also expresses that conditionality is used to persecute him and if he fails to meet what he perceives as impossible and intentionally rigid demands or formalities from social services they use it to legitmize rejected applications.

Arne who recovered from decades of drug addiction are ambiguous in his perception of sanctions and conditions. Loosing benefits due to drug use was hard but on the other hand he expresses that it shouldnt be too easy to just go on doing drugs without any conditions.

[4] Approximately just under 300 euros. He is referring to the amount he received from welfare benefits.

However, when he recovered he was treated with respect by a trusting social worker and were not forced to controls or supervision but instead allowed to find his own solutions in a drug free life for which he is immensely grateful. In relation to drugs conditionality have been clear for interlocutors but for several of the others there are impending and somewhat vague hints or hidden ”threats” of discontinued benefits expressed towards them if they do not comply with requirements. Andrea felt as if she was pressured to take anti-depresant medication she was relauctant towards as The Social Insurance Agency were hinting that there may be consequences otherwise related to her remuneration from sickness benefit. Social services tend to emphasize the importance of activation and participation in labour market integration schemes/projects as a more or less absolute demand related to those with work capacity. Susanne explains that you should do as you are told and show up at the activities you are refrred to, failure to do so will be immediately reported between PES and social services and will inevidably lead to discontinued welfare benefits. Susanne is young, have no children and full work capacity and typically not exempted from any deviation related to activiation policies.

However, among the interlocutors many express hindrances in relation to work. All of the mothers have health related incapacities of varying degrees, and in addition to that being sole care taker for up to three children (among them diagnoses of diabetes, ADHD, depression etc.) have according to themselves reduced the pressure and expectations from social services, PES and The Swedish Social Insurance Agency. Work rehabilitiation projects and assessments have been initiated but often terminated due to sickness or childs needs. Two of the mothers with extensive contacts with The Swedish Social Insurance Agency express that they generally have been treated with emphaty and understanding in relation to their health impairments and that conditinality are reduced in proportion to their lacking capabilities. To comply with rehab assessment was a condition for Pia not to loose her right to sickness benefits. As much as she found the process degrading and ”designed for idiots” she sustained it rather than facing reduced benefits or withdrawn entitlement to benefits. For Douglas the contrary, absence of demands have been a reality. His internship placement (that he refers to as work) at a local NGO are not questioned and receives hardly any attention from PES and social services. When they ask him what he has been up to he gets a passive response. *Oh well, continue with that then they say. I mean they they dont interfer with anything, they just let time pass so to speak. They do not invest anything to help people further with something new.* In summary, most of the interlocutors have experienced some kind of conditionality but in varying degrees where consequences and emotional response are clearly diverse.

The approaches and strategies related to appealing unfavourable decisions are also highly varied. For two interlocutors, Andrea and Arne appealing were a strategical and often used tool to accquire what they perceived as entitled benefits. Andrea: *By then I had learned, bang, to appeal, as soon as there is anything just appeal and appeal just press it in. Eventually I did it on routine so I have managed to take out much of the emotional aspect of it, there were times before when I just sat crying and shaking at the same time.* Her appeals have involved everything from smaller items and medicinces to the whole investigation where she was denied right to sickness compensation. By strategic communication towards senior

management and dissecting every detail in legal regulations she has suceeded in several appeals (among them being entitled the half time compensation she needed). Arne were also strategical and always sent copies of his appeals to the case-worker and repeatedly were granted the benefit as *They didn´t want the appeal to reach social services senior mangement*. Andrea and Arne are exemptions from the general experiences. It is much more prevalent that interlocutors lack the energy, compentence or resources to appeal and express resignation. Pia claims that despite that she has appealed on a few occasions she do not cope to do it regularly *I guess that, if you like me have such a hard life already how should you find the energy for it. I guess that is what they live on that people do not have enough strength to fight back.* It is also recurringly being described as ”pointless” as social services have the prerogative of judicial interpretation on how to decide what the legally stipulated ”reasonable standard of living” contain. Håkan describes an almost total resignation in relation to never being granted anything above the minimum norm and exemplifies with only owning one pair of shoes with broken soles *My shoes, I can´t go outside because I get so wet and it hurts.*[5] *I was rejected directly when I applied. And applied for 300 crowns. The decision came yesterday. They say it´s already included to be covered in my welfare benefits/.../ That´s all I get rejections, rejections,rejections.*

Did beneficiaries have to sign contracts? In what cases?

Interlocutors rarely discuss or have experiences of contracts. It is mentioned by a few but it was for instance limited to an already set text requiring that the client comply to strive for finding an own source of income. Action plans or contracts do not seem to be a tool or much used practice judging from the interlocutors experiences.

- Is there a scope for discretion in the area of benefits/services (their granting/payment/withdrawal)? If yes, how broad? In what cases? If there is some discretion in the area of benefits/services – how do the beneficiaries react on it (e.g. have a sense of injustice/accept it/react to injustice, etc.)?

The scope for discretion is generally located to personal traits/attitudes among case workers (especially in relation to social services staff). How decisions are made and how much control, support and rights the client is awarded is mainly understood as possible within discretional powers of case workers. Social workers are often referred to from a dichotomy of being “heaven” or “hell” where the latter are clearly overrepresented. Lenas description of fearing a certain case worker with a bad reputation symbolises the central importance of getting the right person to handle your case *A friend of mine have had her and she told me if you get her then you get hell. And that was correct, I did.* Also staff at The Swedish Social Insurance Agency is experienced as possessing a wide discretional power where rules can be bended for purposes of either malicious or caring intent. The amount of pressure and sanctions that interlocutors have been subject to are often referred to in connection to individual case workers personal preferences of how to interpret their professional mandate. Structural prerequisites as lack of time and resources are mentioned but to a much lesser

[5] Approximately 30 euros

extent. Several interlocutors refer to decisions or rejections that are perceived as unfair in comparison to what other clients have been granted. Especially drug addicts are labeled as a category that are favourized concerning less demands relating to conditionality, activation and financial accountability in comparison to ”ordinary” welfare clients.

- How were own responsibilities and the responsibilities of organisations interpreted by the interviewees? Have the interpretations differed?

This question is complex to answer as interlocutors have not related to the concept or term responsibility either in relation to themselves nor organizations. How they define and interpret the desired function of the welfare providers are discussed below in the sections on personalization and assessment of services. These sections cover how interlocutors evaluate and assess the public institutions they have interacted with. Due to limitations of space in the report we therefore choose not to repeat these results in this section.

2.5 Awareness of rights Do the interlocutors differ in terms of sense of empowerment/awareness of rights (e.g. treat benefits as their right or as something that is conditional)? Integration of services

In analysing the interviews we noticed that the Swedish word “rättighet” (right) is only used at one occasion by a single interlocutor. To receive welfare benefits are more related to in terms of a necessary evil rather than a right. Welfare benefits constitute a last resort solution when finding other means or resources have been exhausted. It is apparent that interlocutors often describe welfare benefits as intended to be transcending phase during their path towards finding a better source of income (employment, studies, pension). Interlocutors typically express that their benefit receipt is involuntary, their will to work and underline that the lack of available employers or jobs they can function within are the reason for their need of benefits. Another clear distinction is between those who struggle with somatic or psychiatric health impairments and those who can work. Interlocutors with diagnoses and who are under treatment from health services all claim their right to not be overly pressured and to have the right to consideration and a reasonable understanding of their specific disabilities from the case workers involved in their various benefit payments. Pia underlines that being ill is not a matter of choice *It feels so unfair somehow. I wish I could wake up one morning and be healthy and able to work och take care of myself as i have done since I was a child. There is nothing positive in being dependant on others. As my disease isn´t something people can see they assume I stay at home and are lazy. Social services tell me to do this and do that, you have to change. But if I could, why wouldn´t I have done that?* Andrea is the only interlocutor that systematically realize her rights within various welfare systems through knowledge on regulations and policies and appeals based on those.

However, what almost all interlocutors do approach as a right is their right to be treated correct and with dignity by competent and fair case workers. Another recurring theme is the right to a reasonable standard of living (especially in relation to their children). Interlocutors question benefit levels that leads to deprivation where necessary goods as toilet paper, detergents and outdoor clothes for children are missing and decent material living conditions are normatively expressed as a right for all citizens. This is further described under the section

on material situation. A sense of empowerment can be distinguished during the interviews when interlocutors recall instances of appeals and especially so if granted by courts or senior management. Apart from that they are generally accustomed to the conditionality and work demands embedded in the welfare benefit system and the core features of the system are not questioned. The criticism concerning rights primarily focuses on deficiencies regarding unreasonable or inflexible policy regulations, activation demands and faulting assessments by incompetent and unkind case workers.

- How comprehensively were the interlocutors informed about the available benefits/services? Were there differences in that respect? How did the interlocutors inform themselves about benefits/services (e.g. just in institutions, also through NGOs/friends/informal networks, etc.)? Were there differences in that respect (i.e. some people were more active in it than others)?

- Are there one-stop shops? If not – how does the path through organisations look like? Is it clearly explained to the interlocutors/ or does it require personal effort?

This is a topic that few interlocutors reply to in a more comprehensive way. The general impression several of them have are that administrative staff or case workers at public welfare organizations (mainly relating to PES, social services and The Swedish Social Insurance Agency) are difficult to reach and that regular personal contact varies from moderate to rare or non-existing. A consequence of that is that direct oral information, guidance or counselling often becomes rather unattainable. Several interlocutors point out how central own agency is in claiming needs and actively seek out what they formally are entitled too as their case workers rarely inform or encourage them to apply for available services or benefits. An exemption are the policy towards mothers with children where social services actively have informed, encouraged and granted applications for child activities, camps etc. Other positive confirmation of how valued case workers individual commitment are comes from two of the interlocutors with previous drug addictions in their praise of social workers personal initiatives and how they have been dedicated and persevering in their efforts, this is identified as key success factors in their rehabilitation. It is mentioned in the interviews that case workers in one organization inform clients on their rights in relation to other organizations and interlocutors have also been encouraged to applications by initiated friends but overall it seems as if individual agency are the most common and efficient strategy to enhance access to information on services or benefits.

One-stop shops or formalized integrated approaches between organizations do not seem to exist according to the experiences of interlocutors. Co-operation between the organizations interlocutors have been clients at simultaneously also seem to be underdeveloped as few of them have experienced integrated collaboration and mutual goals. Maria points out that even within the same organizations there are faulting cooperation between departments, at social services it was close to impossible to have communication between case-workers at welfare benefit and drug rehabilitation units which became problematic for the client. A drain-pipe logic often seems to prevail and interlocutors have felt confused and “tossed around”. Own initiatives and agency seem to be essential in order to coordinate the various services needed

by the client. Lina have had several frustrating experiences *God, no they don´t collaborate at all. For example in relation to my sons disability, Health care, social services and school it just doesn´t work. I have to say hey it´s not that hard to collaborate. I have to be the spider in the web there. Because it doesn´t work, it´s impossible, the co-operation is very malfunctioning.* The few interlocutors that have encountered active and productive collaboration express gratitude and positive outcomes resulting from this.

3. Description of resources

3.1 Individual resources

- Please provide information concerning similarities and differences in:
    - Work experience of interlocutors

Only two of the interlocutors, Andrea and Douglas have any recent extensive experience of stable employment for long periods on the regular labour market. It has been almost five years since they lost their positions. Those who currently work is either in subsidies employment, Arne & Maria or in own business (Andrea, working par time). Some of the interlocutors, Håkan, Maria, Susanna, Jonna, Lena, Arne more or less completely lack experience from work at the regular labour market. Currently Pia, Jonna, Lina and Håkan experience severe health related hindrances to work. Andrea can work but only part time.

    - Education and training

Apart from additional shorter courses interlocutors lack higher education. Arne, Jonna and Maria also lack upper secondary education. Most interlocutors are aware that their education is defective or obsolete but lack either motivation and energy or the financial resources to increase their formal competence. Maria and Susanne have tried to study but did not meet demands as they didn't pass exams. Complications, dilemmas and difficulties related completing or increasing education level are discussed thoroughly in the report.

    - Material situation

Material situation are also extensively described and analysed in this report under various sections so to avoid repetitions we only summarize the central results. All experience a rather difficult material situation due to lacking income or future income security. Living conditions characterized by austerity, having no margins and a general constrained economy are shared by all interlocutors. However, direct and painful deprivation are not experienced by all as Arne, Susanna, Douglas, Andrea, Lenas and Linas financial troubles are hard and central in their lives but still described as manageable or at least not completely dominant in their lives. For Maria, Pia, Jonna and Håkan lack of money leads to a deprivation that creates a chronic anxiety and they are frequently missing basic needs related to food or clothing. Pia *I´m behind now, my stomach aches every day and every night, I don´t know how to turn this around. Everyone hunts you but I try to pay necessities. After benefit payment day I have money for a week then its three weeks to next payment day.* Difficulties related to credits and debts are also common and explicitly described by Arne, Maria, Jonna, Lena and Pia.

- Skills useful/missing in everyday life

Skills missing are mostly related to lacking education and work life experience. Apart from that some mentions that a driver's licence would be a valuable skill and also more computer skills. Generally interlocutors do not reply in any extensive way when this was brought up in the interviews other than referring to their low attractiveness regarding skills and experiences valued on the labour market

Social resources

- Please provide information concerning similarities and differences in terms of:
    - People the interlocutors may rely on

Generally the interlocutors have persons to rely on but with a varied extent. Only one person, Lina, have an extensive and uncomplicated social network with family, friends and neighbours integrated in her life. Arne is also very social and has extensive networks and many friends. He is today close to his family members but decades of drug addiction resulted in disrupted relationships with his child and sibling that are now being restored to his great joy. Susanne is also relatively satisfied with her social life and relies on family and friends but she marks that there is a distance to access friendship as her unemployment and lack of money creates barriers in relation to others as their living circumstances are so different than hers. The most common social situation among the interlocutors is to have one or two family members (typically parent, boyfriend or sibling) to rely on and very few friends or confidents. The supports (practical, financial, emotional) they provide are often assessed as very central and at times absolutely necessary in coping with their challenging life situation. These persons constitute a much needed "life-line" when crises occur, money run out or emotional breakdowns are building up. Two of the interlocutors describe themselves as loners who voluntarily withdraw from social interactions and relationships. Despite that all (except Douglas) have someone in their life several interlocutors describe loneliness, feelings of being rejected as well as well as experiencing social degradation in their relationships. Differences related to category are inconclusive but one common pattern among interlocutors is that they either are single (6) or refer to their partner in a more casual way as boyfriend or girlfriend and the general impression is that the partner is rather distant or unstable as they´re hardly mentioned or referred to during the interview.

    - Neighbourhoods: What are the characteristics of places the interlocutors live in (blocks, detached houses, subdivisions, etc.)? Are there "better" and "worse" neighbourhoods? Are some of the local communities more supportive than others (e.g. local informal networks of support)?

    - Social ties: Is the close environment supportive (e.g. do people in the neighbourhood help each other)? Are there any local social activities? Do the interlocutors engage in those activities?

All except one[6] live in rental apartments of varying standards in the city of Malmö. Four interlocutors express problems and insecurities in relation to their housing and would rather live somewhere else as they feel alienated, personally stigmatized or unsafe in their area (typical low income rental areas in the centre or periphery of Malmö city). Problems with vermin, children being threatened and shootings/fires in the vicinity are mentioned and the strive to find a safer better housing for their children to grow up in are emphasized. Moving to better neighbourhoods is deemed as close to impossible due to being a welfare recipient and unattractive as tenant. However, three persons describe joy and pride in relation to good standard and location of their apartments which is perceived as a central dimension in their life quality.

No one describes that they live in a local community that is supportive, neighbours are a "non-issue" socially (except for two interlocutors) and the local arena do not contribute with anything apart from housing. The only "local" dimension that can be stated is that a majority are in contact and receive support from their local church.[7]

- Support of organisations: Do the interlocutors rely on support of any organisations? Do they engage in any voluntary work? Are they members of any organisations?

As previously mentioned, church deacons constitute a central support both emotionally and financially as they are a last resort option at times of crisis and also provide extra help from funds or Christmas foods etc. The emotional support is also extensive and deacons are described as someone to confide in and receive unconditional support as no conditions apply with receiving assistance from church. Despite this it can also be perceived as difficult for the self-esteem to need this acute help. Jonna describes her complicated feelings related to this - *She is so kind. But it still feels terrible that I´m 44 years old have to go to church in order to feed my child.* Three of the interlocutors work through subsidised employment or internship at CSO:s handling various social problems but mostly aiming at social integration projects for persons with drug addictions, mental health disorders etc. They therefore are very active within these organizations. Arne has also chosen to be deeply involved in his free time with a wide range of integration projects often involving the municipality or EU funded projects combating poverty and social exclusion. This has enriched his life and been a prerequisite to recover from drug addiction through the social support it has provided. However, he has now come to a conclusion that he feels overwhelmed with the responsibility and time consuming assignments that being on the organizations boards are associated with as he plans to gradually withdraw from too much activities. Both he and Andrea are deeply integrated in projects related to service user involvement in Malmö municipality and they perceive it as very meaningful to be able to influence and educate social services on how to improve policies, services and integrate an approach where service users decisions/influence become a standard requirement. The rest of the interlocutors have no or minor contacts with

[6] Who lives in a condominium.
[7] As interlocutors were partially recruited through deacons this may be a skewed result and overrepresentation.

organizations, especially the single mothers are inactive (apart from being partially involved in their child's activities).

4. Assessment of policies and resources

4.1 Usefulness of policies

- How do the interlocutors assess the usefulness of services? Were they helpful in improvement of their positions? To what extent? Were they an obstacle? In what sense? Are the differences in assessment group related (LTU, SO, WP)? Or related to any other clear factor (e.g. age/gender)? What is missing – how could the policies be changed to be more useful? Are the opinions differentiated? Are the differences group related (LTU, SO, WP)? Or related to any other clear factor (e.g. age/gender)?

How policies have been interpreted and of use have already been described in several previous segments of this report. The general pattern is that interlocutors are somewhat hesitant to mention or describe specific policies spontaneously. For example ALMP, activation and rehabilitation projects are only mentioned briefly and interlocutors are often unsure on who that were responsible authority and the purpose of their participation. Few of the interlocutors describe that they have received any comprehensive or useful service from PES. Several have also experienced a direct rejection from PES as previously described. Lena recalls that she was told that she had no competence and that they could do nothing for her. Håkan were rejected when admitting that he had an excessive consumption of alcohol. The experience of PES as inaccessible is shared by many primarily in relation to a very modest interest in their case but also that they are very hard to contact and receive service from. A conclusion from the critical assessments is that PES has not contributed to any substantial extent in improving the interlocutors' positions. In the cases where they formally have approved subsidised employments it has been appreciated, interlocutors however point out that PES were delaying the process or were unavailable. Public services that do receive relatively good assessments are municipal child care services and also health care are perceived as relatively well functioning even if coordination with other authorities are lacking. Throughout this report criticism towards social services have been a prominent dimension in several interlocutors negative experiences of public support[8] both concerning overly tight benefit levels, incorrect handling of applications and emotional climate/attitude towards clients. Anxiety over insufficient economical means are shared by all interlocutors as benefit levels are perceived as inadequate in providing financial security and reasonable standard of living. Håkan describes the "money hunt" as a counterproductive process where the dreading threat of lacking basic necessities as food and rent money leads to an overwhelming state of stress where this exhausting state drains energy from life improving initiatives. The insufficient benefit rates are therefore regarded as a barrier by several interlocutors as the financially stressful living conditions they contribute to reduce its usefulness as it leads to distraction and a counterproductive focus towards short-term managing of day to day life instead of constructive paths towards improvements.

[8] Social services providing help for drug addiction are mostly exempted and have instead received praise.

Further expectations and perceptions regarding how services could be improved vary considerably. Both Douglas and Susanna are relatively satisfied with how social services have handled them but for Douglas the lack of personal interaction is deemed as a relief whilst Susanna wish more personal support and a closer relationship with both staff and self help groups among benefit recipients to reduce shame and provide emotional support from others in the same situation. Susanna explains the need for a closer relationship with case workers *Because you can´t help someone you don't know. I mean what you get now, it´s just money and actually that´s not really help. What they see is just someone who wants money and not anything else. They don't see another human being.*

As much as welfare benefits are generally perceived as both administratively and emotionally exhausting they are also perceived as an indispensable safety net. Jonna was very upset and stressed when social services tried to convince her to take student loans instead of benefits in order to increase her competence. For Jonna it felt like being thrown out to a very insecure and financially vulnerable situation that she could not cope with and therefore chose to remain on benefits. She wish she could have studied and still be entitled to benefits. Student loans have also been a bitter experience for Maria and Susanna who both were very motivated to take up studies and took student loans for educations they did not manage due to lacking results. There is a wish and urge among several interlocutor so increase formal competence but they are reluctant to take up loans or leave the "income security" that benefits after all provide in their lives. This seems to be a counterproductive catch 22 situation where there is potential for improved policies. As interlocutors generally are unsatisfied with both PES and social services (and the coordination between them and other authorities) it is obvious that these services from the perspective of the interlocutors need to be more accessible, less stigmatising and perhaps most of all adjusted and more flexible to personal situations where understanding is needed in relation to individual challenging situations related to health, special needs children etc. It is also obvious that interlocutors would appreciate more offers and access to possible services. Several have wished to be enrolled in programs, ALMP etc but have not been prioritized or selected. However it is of crucial importance that services are not repressive or initiated against interlocutors will. The usefulness of welfare benefit services are obviously that they provide a livelihood however the conditions surrounding the service are contested and criticized by these recipients.

4.2 Usefulness of resources

- How do the interviewees evaluate both types of resources? Do they perceive own resources as too small/ sufficient for everyday survival and getting out from poverty? Do they consider any resources more important than other for everyday survival and getting out from poverty? Do the opinions concerning it differ? Are the differences group related (LTU, SO, WP)? Or related to any other clear factor (e.g. age/gender)?

- What is missing in terms of resources? Do the differences are group related (LTU, SO, WP)? Or related to any other clear factor (e.g. age/gender)?

Individual resources:

Except for Andrea and Douglas none of the interlocutors have any stable experience from employment. Several have had internships, some for periods that in total add up to years of placements. Work experience is deemed as a central resource that is missing, especially as interlocutors also lack educational resources and can´t compete with any job applicants that possess formal competences or/and experience. As previously described material resources are also a very evident deficit that hinders the ability to initiate education or coping with the economical changes or risk that participating in ALMP, education, internships etc initially can contribute to (costs for commuting, risk of withdrawn benefits if absent from internship placement, additional cost for food and clothing at the work placement/project). Risks and changes are deterring especially for single parents on welfare benefits that aspire for change however are hesitant to any added expenses in an already strained economical situation. For Arne and Maria repayments of debts become a clear threat to the ability to continue their present subsidised employment (salaries increases demands of debt repayments, this is described more in detail under the section on factors hindering to get out of poverty). Not having access to internet or a computer is also mentioned as a problematic lack of a material resources that could assist in getting out of poverty (enable contact and coordination with welfare service providers, information search concerning seeking job and educations and also computers as a necessary resource if entering studies). Difficulties in getting out from poverty are clearly connected to lacking resources concerning work experience, education and material deficits. Throughout this report we also describe that the insufficient resources for everyday life contributes to hindrances in getting out of poverty due to the counterproductive drain of energy and focus that anxiety related to financial stress contributes to. Andrea, Arne and Douglas (with no dependent children) assess that their material resources are sufficient for a quite reasonable material situation but lacking stability regarding future incomes still add stress.

Social resources:

Social resources are highly valued by interlocutors, both by those who have them and those who lack sufficient social support and networks. The usefulness of social resources is for single mothers connected to emotional support (friends to unload worries with, church deacons that encourage and provide care and consideration) but even more central are their contribution to material security. Jonna for instance are depending on a male friend, “her angel” that can drive her and buy food and clothes for her child during periods of financial crises. She states that she has no idea what she would do without him as she lacks all other private social resources. The church deacon is also a much valued social resource for all single mothers as they can rely on them contributing to food and expenses related to child’s needs when necessary. Pia who has almost no access to any social resources defines this as a major problem that wears her out and constitutes a substantial hindrance in her everyday life and emotional coping with a very challenging life situation.

For those without dependent children NGO:s and advocacy organizations constitute a prominent social resource that primarily adds a sense of community and reduces isolation. NGO:s also serves cooked meals at reasonable rates and possibilities to companionship at holidays and leisure time. All interlocutors without dependent children except Douglas have

emotionally significant family members but in their everyday lives NGO:s become a much valued form of extended community. Activities in the close neighbourhood are lacking and local community support is generally described as non-existing and does not provide social resources (except for some of the single mothers who have befriended at neighbour in the same life situation).

4.3 Assessment of policies and resources

- Is the assessment of policies connected to individual and social resources (e.g. those better educated assess policies as more useful, etc.)?

All interlocutors lack higher education and many have not even finished upper secondary school so whether policies are more useful in relation to education level is not possible to estimate. In relation to social resources it is rather the contrary, the persons who express the most extensive gratitude and benefit from policies and services are Maria and Arne who have poor educational backgrounds and that (during the past five years) have undergone drug rehabilitation and regained social inclusion very much depending on the support from public welfare services from various departments within social and medical care.

- Does any of the interlocutors declare that policies improved his/her resources (e.g. through ALMP, counselling, etc.)?

There are several examples (not at least from Arne and Maria) where policies have helped to improve resources. Andrea for instance is very grateful for the previously described entrepreneurial counselling and education she was provided with and constituted the basis for the setting up of her business. The psychological support and therapy that several interlocutors have been granted are perceived as highly valuable in the struggle to improve life circumstances and the therapist is often mentioned as a central person that have improved their lives. ALMP are rarely described as improving resources but are by several valued for their social integration and that they decrease loneliness, isolation and the drab monotony associated to unemployment and poverty. For Maria and Arne the ALMP initiatives of subsidised employment have led to an integration on the labour market that is frail but for them a substantial improvement of life quality. Susanne have also experienced one ALMP project (connected to both social services and PES) that she assess as very useful. The results of projects, internships etc is rarely leading to anything concrete so even if it has been a positive experience it has generally resulted in few actual changes or improvements concerning resources.

5. Past and present experiences of poverty

This part is based mostly on narrative part of the interview and also overall view from the interviews. We are mostly interested in issues of self-identification and construction of narration provided by the interviewees, with regard to trajectory of poverty and perception of agency. The aim here is not to reconstruct individual cases but rather to look for different patterns across cases.

5.1 How do the interlocutors describe their situations in the last 5 years?

- How do they picture their situation from the last five years (e.g. balancing between poverty and "normality", chaos, vicious circle, uncertainty, stability, etc.)? Do they perceive themselves as poor? Or did they perceive themselves as poor at any point in the last 5 years? If not, how do they see their situation (i.e. do they see it as difficult)?

- How do the interlocutors differ in terms of sense of influence on their lives in the last five years, e.g. feel overwhelmed, passive, active, "actors in their own lives", etc.

- Is "trajectory of poverty" or its elements present in their narrations about the last five years (please refer to the scheme attached to the report template based on the description of trajectory provided by Reimann and Schütze)?

    - What element of trajectory are present?

    - Is it possible to indicate events/series of events that caused the trajectory?

    - What are the significant moments in life when the course of trajectory changed (e.g. due to redefinition of life situation, change of circumstance)? How are they being interpreted?

Some recurring patterns related trajectories are evident even if few of them correlate directly with the more schematic stage approach by Reimann & Schütze (1991). The trajectories that can be distinguished from the narratives of the past five past years are primarily characterized by interlocutors' dichotomy between change or inertia. For those whose conditions have changed dramatically (4 interlocutors) the narratives are focused towards describing the sequences during this process. The trajectories are primarily focused around positive evolvements but in one case (Douglas) exemplifies a gradual deterioration of material and emotional conditions. The remaining interlocutors' trajectories over the past five years evolve around a frustrating situation where they express dissatisfaction with the status quo conditions where their agency has been severely hampered.

The sequential organization of cumulative disorder of biographical trajectory contains relevant dimensions that are applicable or resembling of the processes interlocutors describe from the narratives of the past five years. However, none of them fit seamlessly into this more schematic illustration as they all individually diverge to a greater or lesser extent in relation to the proposed sequences during their trajectories. In analyzing and presenting their past and present experiences of poverty we have chosen to emphasize the aspects and dimensions that can be approached in accordance to the theoretical understanding from Reimann & Schützes (1991) stages. It should be stated that the theoretical analyses are quite shallow as the given limitations of a semi-structured interview at one occasion do not allow any extensive biographical interpretation of their narratives.

The trajectories characterized by radical change actually have in common that the major events that initiated the change occurred four to five years ago. The organization related to a cumulative disorder trajectory are often preceded by a powerful outer force that gradually take over control in a person´s life (Reimann & Schütze, 1991) For Maria and Arne it was their drug addiction and all the connected problems resulting in poverty and homelessness. Andrea

struggled with her worsened symptoms of personality disorder where she gradually developed drug problems and lost orientation in life when she became redundant at her work place and at the same time were threatened to be evicted from her apartment. For Douglas it was the unexpected loss of his almost 20 year long employment. In accordance with the sequential organization in the biographical trajectory these outer forces certainly were pivotal and conditioned life at the same time as they were emotionally hurting and experiences resembling the described "cumulative mess" in their everyday life can be traced in their narratives. The following sequence in Reimann & Schützes (1991) model implies a break-down of self-orientation. This is partially accurate in relation to Andrea and Douglas. For Arne and Maria who had decades of drug addiction behind them the critical situation that can be traced are when the misery of life in homelessness and addiction were too overwhelming, physically and emotionally unbearable to the degree where they decided to regain control by entering drug rehabilitation (compare with Reimann & Schützes trajectory where the individual attempts to come to terms with the trajectory and eventually develop new useful action schemes). Andrea realized that she needed to initiate medical investigation and work capacity tests. The outcome of these contributed to an insight of her limitations and by the previously described struggles she finally were eligible for sickness compensation and can work on her own terms which has contributed to an action scheme where she now controls her resources and life circumstances. The agency that Andrea, Maria and Arne responded with during this five year long process can be interpreted as a form of the practical working to escape or regain control during the last phase of the trajectory by their systematic action schemes that Reimann & Schütze (1991) refers to in the concluding sequence. Even if their lives still are riddled with complications and also still affected by economical difficulties positive changes during the life course resemble of a stage where a biographical metamorphosis have occurred. Their financial situation have improved as Arne and Maria during periods both have lived under miserable conditions (in a basement, tent or as a rough sleeper), reduced poverty is therefore a part of their trajectory even if they both are worried about recent demands of repayments of debts as a side effect of increased income. Douglas are more stuck in a phase that correlates to break down of self-orientation as he describes loss and deterioration but have not actively managed to regain control and initiate systematic action schemes as his narrative are characterized by resignation and rather passive responses to the severe destruction of his control and existing social order he experienced by being laid off. Even if he does not refer to himself as poor and can make ends meet it is obvious how uncomfortable and unaccustomed he is to be dependent on means tested welfare benefits as it represented an abrupt change to his previous stable and higher income from salaries. The experience of being a welfare recipient seem to have been less traumatic to Arne and Maria who have been used to having substantial contacts with social services since childhood and youth and also have experienced several positive contacts and outcomes attributed to their case workers dedication. Poverty have followed them during their entire life trajectory due to deficiencies in family of origin and later own drug addiction. Andrea have experienced severe stress and frustration over extensive periods of austerity and financial insecurity but have, to her great relief, managed to exit welfare benefit receipt and the previous pervasive obstructions in her life related to the constant stressor of insufficient means.

The rest of the interlocutors lack either agency and/or resources to reverse the involuntary inertia that they describe as the central state of their trajectory during the past five years. Their descriptions of the past five years are either affective narratives of a chaotic and dramatic trajectory where poverty and periods of severe deprivation is a constant or recurring situation (predominantly Pia, Håkan and Jonna) or instead describe a less intense experience that rather emphasize the tedious drab of inactivity and the social constrains that are connected to the financial reality of being a welfare benefit recipient. The latter interlocutors (Lena, Lina, Susanne) have not been entirely dependent on welfare benefits and have periods of income from studies or sickness compensation and also currently have relationships with little direct friction relating to social services. Their narratives are considerably less affective even if they all express shame and humiliation of being a benefit recipient and also describe feelings of isolation and doubts regarding own value and capacity and exclusion from "normal life" (dimensions in their narratives can be related Reimann & Schützse third stage even if they uphold everyday structure).

The common denominator of this group where few changes have occurred is poverty/scarcity as a more or less constant state with either improvements or deteriorations but where life is a constant struggle not to fall deeper into poverty (threatening scenarios are depicted in the form rejected benefit applications, reduction of remuneration level or assessed as ineligible related to sickness compensations). A generalization is that several of them refer to structural limitations and conditions as labor market demands/difficulties relating to education or personal impairments/disabilities that have contributed to their deadlock position where self supply are unattainable or unrealistic. Coming to terms with or escaping their trajectory have proved to be a surmounting challenge as they often describe a reduced capacity of agency in acquiring resources needed to regain control in their life situation. As Reimann & Schütze (1991) points out, trajectories rarely occurs suddenly, this is very applicable to this category as significant moments, distinct events or sudden powerful outer forces are not distinguishable. Their life situations can, in somewhat simplified general terms, rather be described as series of challenging or unfavorable events/circumstances that contributes to an interrelated and exhausting "cumulative mess" that hinders exiting poverty trajectories even if interlocutors are not passive and try to be actors in their own lives.

The emotional significance of being a welfare benefit recipient and dependent on others as negative in relation to self-identification is a common denominator among all interlocutors but it is complex to compare experiences of entering the system as the temporal distance to this occasion varies considerably, for some recently while others have received since childhood.

- If no experience of trajectory occurred in some cases (i.e. there was no experience of losing control over one's life to the overwhelming outer forces) – is it possible to explain why? What is the difference between those cases and other cases?

It is accurate to state that all interlocutors have experienced poverty trajectories, albeit in differing directions.

5.2 Factors hindering/enhancing the ability to get out from poverty

- Is it possible to categorise individual stories into some kind of typology of "poverty paths", i.e. success stories (those who got out), balancing (falling and getting out from poverty), falling deeper into poverty, etc.? Lease describe characteristic features of each of the situations (i.e. what decides that someone represents certain category)?
- Are there any cases of getting out from poverty (success stories)? If yes:
    - What are the key factors contributing to it?
    - Are individual and social resources somehow important in that success story? And what about anti-poverty polices provided by due institutions/organisations?
    - How important is the aspect of individual agency (e.g. the fact that someone reigned/kept control over life, is actively seeking solutions, etc.)?
- What are the main obstacles towards improving individual situations/getting out from poverty?
- What is the role of anti-poverty policies provided by institutions/organisations in getting out from poverty?
    - What effects have the anti-poverty policies had so far on the lives of the interviewed taking into consideration differentiated individual and social resource at their disposal? Are there group differences in that respect (LTU, WP, SP, other specific groups)?
    - What aspects of anti-poverty policy hinder/enhance the ability to get out from poverty? Are there group differences in that respect (LTU, WP, SP, other specific groups)?
    - Do individual and social resources matter in taking advantage of polices? How? Are any of the resources more important than other? Are there group differences in that respect (LTU, WP, SP, other specific groups)?

An initial statement is that none of the interlocutors have gotten out of poverty. Even if some of them have managed to achieve a reasonable standard of living the threat of losing their source of income is present in the interviews as benefit eligibility criterions are fluctuating and employments are conditioned and unstable.

Typologies applied on this type of data always contributes to risk of simplifications even if the general outline is coherent with what may seem as a "success story" analysing interviews closer reveals complex patterns. An example is Arne and Maria with their successes of leaving decades of drug addiction and finding subsidised employment that enables them to exit benefit receipt. The question however, is if they really got out and if the trajectory can represent a success. The main obstacle in their lives is still an insecure financial situation that

actually is worsened from taking up low income work. They both have debts that they could not repay when they were on welfare benefits, as incomes increase they become subject to repaying Enforcement authorities, student loans etc. This causes severe stress in their lives and they both question if they really should remain with salary incomes as their disposable income actually will decrease by working, at least temporally. When Maria exit welfare benefits she also faces sole responsibility to pay for medication and health/dental care *And then there are costs for doctors and medicines and my medication is expensive. Social services have paid for it, and for electricity and my dental care as I am losing my teeth. But now all of a sudden- now I have to manage all of that by myself. Plus student loans and other debts.* Arne is also worried as the NGO he is employed at will transform into a social entrepreneur company and he is very hesitant to participate due to the associated risks. As he will enter the Enforcement Authority Debt relief program[9] he will only be entitled to a minimum income for 5 years as all other surplus goes to creditors. It is then unfavourable for him to work full time and because of that and the risk with the new company he strongly consider going back to welfare benefits and instead volunteer at NGO:s. These are examples of how success stories transforms into relapses concerning self-supply and that public policies interfere with the choices along interlocutors' trajectories. Despite these complications Maria and Arne can be described as success stories and they both primarily attribute their progress to a combination of their own agency and determination in struggling to leave addictions but also as previously described substantial assistance from social services in their rehabilitation (housing, therapy, dedicated case workers etc.). Andrea is another example of a form of success story. Through psychiatric and work life assessments she gradually realized that her working capacity were limited and that the only way she could work were on her own terms and in half time employment. Through the intense and demanding process that required agency, determination and appeals she was granted a half time sickness compensation and can now manage to work in her business and engage in advocacy projects for service users rights. She is very outspoken in emphasising that the success of finding an income where she can feel safe and cope with working to the extent her disability allows is related to her own agency, resources and determination. Her relief is substantial. *Now I can breathe, I am free from my debts I have a future, everything has been put in the right place.* Arne, Maria and Andrea are the only interlocutors that can be close to described as approaching "getting out from poverty". Their individual agency and determination have been a key factor; social resources/networks seem to be of less importance.[10] Authorities have participated with various contributions but the interlocutors typically initiated the transformation process themselves. Risks of relapses into poverty are evident and constantly present in their minds as the achieved security still are frail and at risk of being reduced to a temporal relief during their trajectory.

Only one person, Douglas, have fallen into poverty over the past five years due to the unexpected event of a powerful outer force (dismissed from his employment) as he went from a full stable position he had for decades, to remuneration from Labor market program and now only qualifying for welfare benefits. The remaining interlocutors (Lena, Håkan, Susanne,

[9] Which is voluntarily and that he has applied to in order to be debt free after five year repayment period.
[10] Arne does mention his sister as a central person and resource in his rehabilitation.

Pia, Lina & Jonna all belonging to different groups of our categories) can be described as balancing or status quo as few improvements or changes have occurred in their recent trajectories. Their trajectories are rarely affected by an isolated life changing incidence but rather a constant turmoil of interrelated hindrances or barriers in a multitude of difficulties that Reimann & Schütze (1991) refer to as a "cumulative mess" where different problems intensify each other. One distinguishable event however that have been central are the vulnerable period that follows dissolved partnership/divorces. Interlocutors often describe being overwhelmed by the extent of exhausting challenges in their life in simultaneously coping with factors as poverty, bad health, lone parenthood, housing problems, conflicts related to dissolved partnerships and lacking enough social, material and personal resources to handle the extent of anxiety and problems that emanates from this multitude of difficulties. The interlocutors are generally aware of what strategies and actions that are necessary to improve their life situation (education, abstaining from alcohol, austerity related to consumption/tobacco etc.) but describe that the resources, energy and perseverance this require are unattainable during the constant draining problem pressure they need to handle.

The access to anti-poverty policies has been rather reduced for many interlocutors, especially in relation to PES but also social work services. In addition to this it is obvious that services from public institutions rarely are described as useful support in approaching the strategies that are needed to get out from poverty. Welfare benefits obviously functions as an anti-poverty policy as it provide the evasion of acute deprivation but are inadequate in providing a reasonable standard of living for most of the interlocutors. The additional anti-poverty policies that have been available to them are placements at internships/ALMP projects or rehabilitation assessment programs. A somewhat crude generalization implies that the anti-poverty measures have had reduced or non-existing effects in relation to entering the regular labor market, self-supply or increased formal competence as their life-situations can be characterized by an involuntary inertia. However, it is clear that several interlocutors have benefited from activation especially within NGO internships as it has provided social contacts and reduced boredom.

Factors that could be enhancing the ability to get out from poverty are obviously varying related to individual life situations. For Håkan the most productive help from his perspective would be a reduction of financial stress that would allow him to complete his medical investigation in order to enable medication and an application for sickness compensation. *Everything goes round in a circle. It´s the money, if I had had money then perhaps I wouldn´t be so worried, like "oh shit now we are out of food". Then I could have found something useful to work with or do.* Pia needs relief from the constant financial, practical and emotional stress in her home environment and wish that she could receive some public load alleviation support related to her sons ADHD. Lina wishes that she could be allowed in activation or education projects despite her illness related absence. These examples indicates that a more personalized flexible support structure are requested by the interlocutors as they perceive their own social, personal and financial resources as insufficient in improving their life conditions leading to an involuntary deadlock situations. The characteristic common feature among those who have remained in poverty and unemployment are their descriptions of lacking

resources to cope and overcome barriers, for example acquiring the formal competence needed for employment opportunities.

Individual and social resources certainly also matters in relation to taking advantage of policies, a recurring example are the single mothers who describe that the care demands associated with their challenging parenthood severely have reduced their capability to accept or fulfil ALMP, educations offers or rehabilitation services. Access to resources of practical and emotional support related to children therefore seems to of central importance. The anxiety and depression described by Håkan, Pia and Jonna have also contributed to failures in fulfilling or gaining profit from services that have been offered to them as they have been overwhelmed and lacked the social and individual resources to cope with the added emotional and practical demands that these services contributed to.

5.3 Country specific aspects

This aspect will be addressed in the comparative report, but we would like to know if you have any assumptions concerning that dimension?

- Do you suspect that there any country specific aspects concerning the experience of trajectory and the role of individual agency in getting out from poverty?

At the moment we do not have any specific hypotheses relating to this. But they might develop after reading the other reports.

6. Strategies and perspective for the future:

Temporal perspective of the interviewees: Is it possible to distinguish whether they focus predominantly on the past, present or future (e.g. some people may tend to go back to some period in life/some may avoid thinking about the future)? Does it depend on the aspect of life they are referring to?

Do the interviewees differ in terms of their approach to future – e.g. passive against future, adaptable, or active ("catching the wind in the sails")? Is it possible to categorize them according to it?

Do interviewees generally declare any individual plans or aspirations? If yes, what kind of plans or aspirations are mentioned? Is it group (LTU, WP, SP)/age/or gender related? Is it related to any other factors?

Do interviewees talk about any strategies aimed at achieving of those aspirations (binding of plans and aspirations with means to achieve them)?

- If yes, what kind of strategies is mentioned? Are those strategies different in case of LTU, WP, SP? Are they age/gender related? To what extent strategies depend on individual resources and to what extent on social resources? How important is the use/lack of use of social assistance, labour market services and other services to execute those strategies? What are the most important factors limiting individual strategies?

- If not, why is that? Is it connected to lack of resources?
- How do the interviewees understand their needs in relation to the past, present and future? Does the definition of needs influence plans, aspirations, and strategies for the future?
- Is the approach to the future (more strategic, active/more passive) somehow connected to individual perception of social rights (e.g. those who perceive social assistance as a right tend to be more active/ or on the contrary more eagerly accept the situation of relative stability gained thanks to the benefits)?

Whether interlocutors live in the past present or future varies. It is evident that those who have experienced various forms of physical or mental abuse primarily Håkan, Andrea, Pia, Jonna are explaining and referring their present living conditions as based on previous traumatic or degrading events or life situations. An abusive or aggressive parent/spouse, severe ill-treatment by public institutions etc is constantly present in their narratives related their trajectory. It is also evident that for interlocutors handling the challenging present life situation is much more relevant and time-consuming than dealing with strategies for the future. Few of the interlocutors describe any precise strategies or plans on how to improve their living conditions. The distinction between dreams and realistic expectations are present in almost all interviews as their experiences of previously failed approaches towards education and employment have proved that surmounting the barriers are close to impossible. Interlocutors' descriptions of hopes and needs for the present and the future are remarkably coherent as they are centred on three central themes: work, financial security, release of stress. They all aspires labour market establishment in regular employment. However, the awareness of being an unattractive employee and the marginal position towards prospects on the labour market are a central theme in a majority of the interviews. Education or internships are perceived as the only possible route towards increasing their attractiveness. Increasing formal competence is primarily perceived as desirable among the women under 40 (both LTU + SP). Jonna, Håkan and Douglas realize that they need further education but perceive themselves as too old. Financing studies constitute a very evident barrier, especially for those who already have student loans due to failed previous educations. The strategy education is thus prominent but the lack of resources to realize it results in deadlock positions. The financial insecurity and the prospective of being further in debt are too deterring and therefore constituting an important factor limiting individual strategies. Hopes are then set to an internship where interlocutors describe that they could work so hard and prove that despite lacking labor market experience and formal competence they can be an asset for employers. Access to internships services with realistic prospects of subsequent employment offered by PES are reduced which several interlocutors are frustrated by. The second theme financial security is often mentioned in relation to the question of future dreams and is also closely related to the third theme, release of stress and economical worries. To escape the constant pressing anxiety related to inadequate resources are more or less described as a need and prerequisite in relation to implement constructive paths towards self-supply and improved living conditions. The strategies to achieve an improved economy have for Andrea and Håkan been centered on trying to be eligible for sickness compensation that is slightly more generous

but above all more stable and not as means-tested, unpredictable and conditioned as welfare benefits. Their and Pias, Jonnas and Linas approach to the future are connected to their individual perception of social rights as they all emphasise that they have not chosen that they or their children should be ill and that it´s reasonable that they shall be entitled to decent sickness benefits and decreased pressure from work demands. Marias strategy to escape poverty is to play in lotteries. As much as she is aware of the poor winning prospects and that the cost of tickets exceed her budget she express that as it allows hope to be present in her life she continues. Pia is hoping and aiming to meet a partner that can reduce her burden. For Arne and Maria their active approaches towards debt relief and repayments are described as a central strategy to improve their future financial and emotional peace of mind.

Despite these described future strategies it is apparent that few, except for Andrea, have an active or optimistic approach or outlook towards the future, it can rather be described as efforts not to fall deeper into poverty or trying to cope with making the best of the actual situation at hand. The realization of poor future prospects concerning both employment, a better economy and the release of stress that would follow leads to passive resignation and reduced incentives to continue a meaningless strive. Jonna explains *The worst thing is to not have hope, because you don´t feel hope. And I mean if you don't have hope what the hell do you have then?* Douglas voluntarily resigned having a PES job coach as he actively wanted to avoid a fruitless path of rejected job applications as he perceives that employers are uninterested in him. A strategy that several mentions is to trying to adapt and find peace and being content despite poor prospects related to work and increased income. Several also express that they could endure or adapt to living on a minimum income level (preferably slightly above welfare benefit level) if it would be less stigmatizing and unpredictable as it is the insecurity and poor relation to social services that is described as draining and counterproductive as it consumes energy and emotional wellbeing.

In concluding interlocutors hopes and future aspirations it is obvious that the majority express an urge and need to lead a "normal" life which primarily are characterized by being autonomous and in control of adequate resources and not being dependent on welfare benefits. Susanna concludes *Having a family, education, provide for yourself, without needing, without being on benefits.*

Are children present in plans, aspirations and strategies ? If yes, are they perceived as enabling/neutral/or as limiting factor? What part of the plans, aspirations, and strategies are focused on children? Are these trends different in case of LTU and WP? Are these trends different in SP families and complete families? Are plans, aspirations, and strategies different in childless families?

Six of the interlocutors are parents, four of them with dependent children; all belong to the category lone mothers. Children are very much present in almost all decisions, priorities and plans for the future. The changes that the mothers are striving for, education, employment, better housing and an improved economical situation are motivated towards a background of enhancing their child's living conditions. The dream for the future are often expressed in relation to children. As all mothers except one have children with special needs the care for

them have been very time and energy consuming with sleep deprivation and conflicts with the surrounding environment (ADHD related). The limitations that are related to their child's disabilities are incorporated within their perception of the entire life situation and possibilities, both past present and future. Children are described as a barrier in relation to not being able to participate in ALMP, projects etc. The strive towards improved conditions have included finding better schools for their children, sometimes located outside the local area. Communications are costly and time consuming. One mother, Lena describes that she has to leave her children at 3 different places (schools and child care) which takes up a large share of her day and energy. Jonna was placed at a rehab project but could not complete as the stress of everyday life, commuting with three different buses were so overwhelming that she exited and claims that her priority now is to be able to "survive" and manage her daughters needs as she perceives that, due to her health situation, she is unable to both cope with parenting responsibilities and ALMP/rehabilitation projects. For Pia life is also too overwhelming with one child who has ADHD and another adult child suffering from depression and committing several suicide attempts recently. The violence and stress in the home environment and in addition to that a heavy household workload is more than she can endure and ALMP or rehabilitation is unrealistic as she barely copes with life as it is. Pia has considered suicide but has decided not to out of consideration for her children. Her priorities are never her own needs as she always has to prioritize her children both emotionally and financially. The mutual pattern among these mothers is a demanding life situation filled with stress, care and struggles for future life improvements for their children. The strategies to fulfil these aspirations are hard to reach as moving to better housing, find employment or education etc. require resources concerning time, finances and energy that they do not possess.

Conclusion:

In this report we have primarily integrated our major conclusions within the sections where the analyses are presented and therefore condense our conclusions in a summarised repetition of this. The interlocutors' experiences regarding policies ability to support them in getting out from poverty reveals those services rarely have functioned as a route to escape poverty. For some services and negative attitudes from case workers has even contributed to the deterioration of their situations. The most common pattern is that welfare benefits keep them "on the surface" and provide protection from falling into extreme poverty but do not serve as a way of getting out from poverty. Obvious hindrances that appear in analyses are rigid services that lack personalisation and flexibility in providing coordinated support between welfare related authorities. Also the low welfare benefit levels contribute to strained and counterproductive circumstances that avert constructive paths of progress due to anxiety and reduced capacity to benefit from offered services. Benefits are not perceived as providing a reasonable standard of living and the material deprivation is evident among several of the interlocutors. Authorities, specifically social services and the PES are generally perceived as inaccessible, overloaded and offering too few possibilities concerning education, rehabilitation and internships with employment prospects. Own agency are perceived as central for acquiring better terms, access to services (PES, sickness compensation, granted welfare benefits above the minimum level). Social and individual resources vary considerably

and the importance of support from family, deacons and friends are emphasized by interlocutors as central during crises of both emotional and monetary character. Two areas that appear as specifically deficient in relation to resources and need of policy development are the hindering structures that deter interlocutors from gaining the much needed further education and also the lacking support and financial security for lone mothers with special needs children. The local discourse on anti-poverty policies are according to WP 6 considerably focused on specifically increasing employment rates through active inclusion initiatives (ALMP, rehabilitation projects etc.). The results from the interviews indicate that the supply of these services seem to be insufficient by not providing access to these generally motivated welfare benefit recipients.

Interlocutors do not express any realistic income alternatives (as the proposed NGO, family, friends etc.) to public anti-poverty policies even if they certainly would like not to be dependent on them. Few of them have access to networks that could provide any major contributions that could lead to exit from welfare benefits. They rarely propose or reflect on alternative poverty combating models than the provided. However they express multiple suggestions on how to improve effectiveness, procedures and attitudes within the existing system (specifically towards the welfare benefit administration). Emphasis are primarily to request more personalised, flexible and emphatic services that also include access to requested ALMP and labour market integration counselling by either social services or PES.

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Annex No 1

Andrea

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Woman 39 years old, single (but have boyfriend in an unstable relationship). No children. Lives in rental apartment of good standard on an attractive location in Malmö.

- Health situation

Have an OCPD - personality disorder and often have to struggle with over-exhaustion, stress and panic-attacks. High need of structure and routines. The disorder complicates her working life. Has used narcotics previously which had a negative impact on her disorder related challenges.

- Brief work history

Worked for a decade with IT at an office but were redundant at a re-organization in 2009. Started her own business at home where she works with assignments and hoping to have orders up to half time employment, now it is around 25 per cent. Also active and have paid assignments within a service user advocacy project.

- Brief education history

Did not finish regular upper secondary education in her teens but complemented her education and graduated a few years later. Have a Cambridge diploma in English. High intellectual capacity and have managed studies well when able to focus.

- Duration of social assistance benefits and services

Had social assistance 15 years ago in her mid twenties. After losing her job in 2009 she had compensation from her employer and a subsidy to start her own business but as these compensations ended she worked at night clubs, tried to get her business working and became over strained. Have needed welfare benefits on and off during this period and combined with low sickness benefits. Have recently been granted half-time sickness compensation and ended welfare benefits autumn 2013.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Disappointed and resentful towards social services and The Swedish Social Insurance Agency have had many negative experiences and have regularly appealed and complained about case workers decisions and administrative handling. Have not had substantial contacts with PES but now have a good case worker that understands her special needs.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Could not provide for herself due to unemployment and then not having enough income from her business as her personality disorder hinders her from full time work.

Arne

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Male, 55 years old, single (unstable relationship with girlfriend), one adult son. Live in apartment where he is taking over contract from municipality as it was assigned to him on a trial lease contract. One bedroom apartment in a central location.

- Health situation

Have been addicted to drugs entire adult life until four years ago and his body has been worn out by this; however he has recovered well in recent years and manage full-time employment.

- Brief work history

Has education as a tin man and welder but has not practiced for decades and were also working at a remover company in his early adult life. Drugs took over gradually and he was not working nor had contacts with PES for 35 years. Have been on welfare benefits or income from criminality for decades during drug addiction period. Started work in subsidised employment a few years after leaving drug addiction.

Brief education history

Has education as a tin man and welder but has not practiced for decades. Have participated in several education programs by NGO:s, municipal projects and educational courses on service user participation.

- Duration of social assistance benefits and services

Welfare benefits as good as constantly during entire adult life. Grew up in foster care so lifelong contact with social services. During the last five years only one year of welfare benefit receipt. Is now in subsidises employment and have low income salary. Partial help from PES in process of this recent employment.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Can have a reasonable standard of living on salary. Dissatisfied with PES services. Have had many conflicts with social services over the years while in drug addiction but are most grateful for all the help and services he received from them during the recovery period (benefits, housing, rehab. treatment etc.).

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Drug addiction.

Douglas

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Male 49 years, single. Living in rental apartment.

- Health situation

No problems mentioned

- Brief work history

Worked as a painter for a few years and then with transportation services at the hospital for almost 20 years. Since being redundant at work 4,5 years ago he has been in a few municipal ALMP projects and had very short employments.

- Brief education history

Vocational upper secondary education as a painter.

- Duration of social assistance benefits and services

Had brief period after military service and for his fathers' funeral cost. After unemployment occurred 4,5 years ago he were entitled to partial (half-time) compensation from The Swedish Social Insurance Agency which has now expired du to time limitation. Only income is welfare benefits since a year.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Can have a reasonable standard of living but are financially constrained in comparison to having a salary. Do not have much contact with social services which he prefers but are relatively satisfied with their services even if he does not like the dependency. PES perceived as not helpful or dedicated.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Unemployment

Lena

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Single mother, 35 years old. Have four children under 12, living with 3 of them. Lives in rental apartment in an area on the outskirts of Malmö, relatively characterized by social problems.

- Health situation

No major problems but five weeks ago lost a child in the eight month of pregnancy and are therefore under no pressure to take up work/ALMP right now.

- Brief work history

Very moderate experience of work (three months). Have 4 children so much maternity leave. Have had 7 years of internship in total.

- Brief education history

Studied for finishing upper secondary graduation ten years ago. Have taken brief computer courses.

- Duration of social assistance benefits and services

Have had welfare benefits more or less constantly her adult life, interrupted by periods of maternity leave.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Have had both good and bad experiences but are satisfied with her case worker at the moment. Rejected by PES services due to low competence and non-existing labour market experience.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Unemployment and many children.

Håkan

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Male, 39 years, no children. Living in his mothers' apartment in a run-down area with extensive social problems. Håkan also have substantial contacts and live close to ex-wife emotionally and practically.

- Health situation

Very bad, he has chronic obstructive pulmonary disease, excessive alcohol consumption, malnourished and anxiety panic attacks, depression, insomnia. Under investigation for ADHD diagnose.

- Brief work history

Had internship for youths 20 years ago and worked for a very brief period at an industrial company where he injured himself and were laid off. Have had welfare benefits for 20 years.

- Brief education history

Received special training education through school and with special support from that finished upper secondary education.

- Duration of social assistance benefits and services

Have had welfare benefits for 20 years. Were rejected from PES services 15 years ago due to alcohol consumption. Short contact with previous one-stop shop many years ago. Worked briefly on black labour market as a car mechanic a few years ago.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Bitter and angry with social services, express extensive ill-treatment. Assess his standard of living as very poor can´t afford decent clothes, shoes, communication, food or basic needs. Very financially strained and express substantial stress related to this.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Bad health, alcohol addiction, unemployment.

Susanne

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

- Health situation

No problems mentioned but went through major abdominal surgery last year.

- Brief work history

Little experience of work, very brief temp job as a cleaner. Have been enrolled in municipal ALMP program for youths for two consecutive years.

- Brief education history

Failed upper secondary education but went into folk-high school program to finalize and graduated. Tried to study at university level but did not manage to fulfil academic requirements and had to leave education.

- Duration of social assistance benefits and services

During the last five years she has switched between student loans and welfare benefits. Now only welfare benefits since around 6 months back. Have been enrolled in municipal ALMP program for youths for two years.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

She can survive on benefits but feels very financially constrained and suffer from the social isolation it contributes to. Would prefer more contact and support from social services like counselling. Have not had many contacts with PES, irregular assignment of case workers has been a problem.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Unemployment, lacking parental support growing up in home with drug addiction.

Pia

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Female 51 years old, 4 children, living with three of them (one of them and adult but suffer from depression and have committed suicidal attempts and therefore still living at home.) Living in a narrow apartment (sleeping in living room) as she had to leave a good apartment that were transformed into condominium apartments which she could not afford. Living in city centre.

- Health situation

Rheumatologic ache condition, several major abdominal surgeries, anxiety and depression.

- Brief work history

Have 4 children and have been at home with them for long periods. Youngest son have ADHD so she has remuneration to care for him. Have worked at a warehouse, in health care but have not been on the labour market for many years.

- Brief education history

Completed upper secondary education as an adult. Have taken computer courses.

- Duration of social assistance benefits and services

Welfare benefits come and go during her life trajectory, sometime as only income but to a large extent as a supplement to top off low remuneration from The Swedish Social Insurance Agency. When divorce and financial crises have occured she goes back to welfare benefits for periods and then tries to live only on her sons care remuneration as she strongly dislike the depedency degradation she experiences at social services. Her receipt pattern is recurring but varies extensively from year to year.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Strong dislike towards social services and case workers, perceives that they hurt her intentionally. Finds benefit levels insufficient. Trying to live on remunerations from The Swedish Social Insurance Agency but have substantial difficultues in providing basic needs for her children and pay for medical and dental costs. Describes extensive material deprivation.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Unemployed, bad health and single mother with extensive care responsibilities related to child with ADHD diagnosis.

Maria

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Female 50 years old, single, one adult daughter. Living in rental apartment in central Malmö.

- Health situation

No major problems

- Brief work history

Has never worked but recently got a one-year contract for a subsidised employment at an NGO where she has had an internship for 4 years.

- Brief education history

Has tried to finish upper secondary education recently but did not succeed in exams and did not graduate.

- Duration of social assistance benefits and services

Have had welfare benefits her entire adult life due to drug addiction except for periods where she has lost entitlement due to continued drug intake. Little contact with PES.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Very pleased and grateful for case worker related to drug rehabilitation and the social workers who have been dedicated to her during the years of drug addiction. No direct personal contacts with welfare benefit department. Are very concerned over money and express substantial difficulties in providing basic needs.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Decades of drug addiction.

Lina

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Female 39 years, single mother living with two children in condominium apartment in outskirts of central Malmö.

- Health situation

Suffer from chronic gastric disease that complicates her situation in relation to education and employment as her illness recurs several times every week. Diabetes and ache condition. Has a son with ADHD.

- Brief work history

Have had temporary employments at hotels, trade, care for elderly but has not been working the past 10 years. Had her first child 15 years ago and have had very limited labour market participation since then. The last years she has been in several work life introduction or rehab projects who has not functioned in relation to her illness and she also deems most of them as malfunctioning and pointless.

- Brief education history

Graduated two year upper secondary education which she now assesses as obsolete. Tried to increase her education at folk high school but had to abort due to sons care needs.

- Duration of social assistance benefits and services

For the past five years she has had most income from sickness compensation and only needed welfare benefits for expensive dental care. Extensive contacts with social services regarding custody dispute with ex husband and sons ADHD needs. Have had much contact with The Swedish Social Insurance Agency and are generally pleased with services. PES deemed as inflaxible in relation to the challenges her illness contributes to.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Have not had much experience of welfare benefits as she has been entitled to sickness related remunerations. Extensive contacts with social services regarding custody dispute with ex husband and sons ADHD needs. Have had much contact with The Swedish Social Insurance Agency and are generally pleased with services. PES deemed as inflexible in relation to the challenges her illness contributes to.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewed

Bad health and son with special needs.

Jonna

- Basic information: age, gender, family situation, place of living: with regard to its status: privately owned, social housing, cooperative housing, other and with regard to the location: social/council housing community, mixed environment etc.

Female 44 years, living alone with 7 year old daughter but have two adult children. Divorced husband in 2001. Lives in two bedroom rental apartment in an area on the outskirts of Malmö, relatively characterized by social problems.

- Health situation

Poor health, rheumatic illness that causes much ache. Suffers from anxiety and panic attacks.

- Brief work history

Were not allowed by ex-husband to work has never had an employment. Have had internship at cafe in local church parish and also initiated but did not manage to fulfil municipal work rehabilitation assessment project due to stressors related to care responsibilities and anxiety attacks.

- Brief education history

Did not graduate from upper secondary education. Only exam from 9 year basic mandatory education.

- Duration of social assistance benefits and services

Divorced abusive husband in 2001 have had welfare benefits continuously since then. Are not entitled to sickness compensation. Participated a few times in previously existing one-stop shop but assess PES efforts for her as more or less non-existing and useless.

- General evaluation of social assistance performance and adequacy of the support expressed by the interviewee

Are very disappointed and bitter towards social services and express severe ill-treatment experiences. Have had positive contacts too but generally a very affective and resentful attitude. Assesses welfare benefits as inadequate for reasonable standard of living and describe substantial difficulties in sustaining on benefits.

- Crucial reasons for establishing contact and gaining support from social assistance – in the view of the interviewee

Divorced husband had never allowed her to work. Have low formal competence and bad health situation. Could not work and due to lacking establishment on the labour market had no other social insurance entitlements.

Annex No 2

Methodological aspect of research

Ethical issues

Fortunately no major ethical problems aroused. One incident I perceived as a bit problematic dilemma was when an interlocutor requested that the interview took place in a room where another person (colleague) was present. I asked him again if he was sure (it was his suggestion) and he insisted. I did not feel that it affected the interview. Another thing worth mentioning were that the last interview with “Jonna” were very emotional for her, she was crying and very upset during the interview but assured me that she wanted to go on with the interview. Afterwards we talked about how she experienced it and she stated that it was a relief to be listened to even if it brought up difficult memories. I also contacted the person who had set up the contact to check if anything had happened afterwards. The deacon had talked to the interlocutor and reassured me that she was fine and were not upset or hurt by the experience.

The emotional relation and connection between the interviewer (one person, Anna, in the Swedish team conducted the interviews) and the interlocutor were good in all interviews. I had talked to all of them on the phone beforehand, often at several occasions. To inform about the interview, book a time, and then I phoned on the day of the interview to double-check and reassure that the person still was willing to meet and go through with the interview. I often spent at least 30 minutes before the interview with small-talk, coffee etc. to establish a relationship.

The interlocutors were contacted through service user organisations and local church deacons (all through persons that I have met previously). The majority of the interlocutors were found

through deacons. The deacons and organisations received a presentation of the research project, ethical principles, anonymity etc. After consent from interlocutors I contacted them by phone where I again explained these ethical principles, the purpose of the study etc. It was up to the interlocutor where, when and on what terms the interview were conducted. At the interview I repeated the ethical info and made sure they knew how to contact me if they wished to withdraw their participation in the study.

There were no problems in establishing contacts they were all positive towards the study and appreciated to be able to give voice to their situation and perceptions on the welfare systems. Most of the interviews were conducted in the churches or at organizations assembly rooms, one at the interlocutors home and one at an empty restaurant where we had a very separate table. They chose the location.

Detailed information about the research

Andrea (WP, F, 39), have boyfriend but do not cohabitate
Arne (WP, M, 55), have girlfriend but do not cohabitate, adult son
Douglas (WP, M, 49) Single. His work is an internship where he recently only receive welfare benefits as compensation.
Lena (LTU+SP, F, 35) Single mother 4 children(3 living at home) have boyfriend but do not cohabitate
Håkan (LTU, M, 39) Living with mother and partially ex-wife
Susanne (LTU, F, 26) Single
Pia (LTU+SP, F, 51) 4 children (3 living at home)
Maria (WP, F, 50) Single, adult daughter
Lina (LTU+SP, F, 39) Two sons, have boyfriend but do not cohabitate
Jonna (LTU+SP, F, 44) Three children (1 daughter living at home)

Problems and overall evaluation of the interviews

The only problem was that two parent families and families of immigrant backgrounds were hard to find. Apart from that interlocutors were motivated and cooperated well. I emphasized their right to refuse or skip questions but no one chose to do so. One person was concerned that I would report illegal activities to social services but I reassured that I had no contact with them at all. The guideline worked generally well but I had to be flexible and not ask again too many times, some questions reminded much of each other, especially the sections on future goals and what resources interlocutors needed to achieve goals. I assessed that all that was relevant were covered in the interviews.

Persons that conducted the interviews

I think the sample was very good, probably as the deacons chose persons they knew were motivated, talkative and good in communicating. That I have a degree of credibility in the organizations as I have worked in this field and have personal connections probably contributed to interlocutors feeling safe with me as they knew persons who know me.

Actually there were no weak interviews, some talked more than others but they all contributed with valuable input and were open and positive towards their participation. It was a joy conducting this study, apart from when interlocutors felt sad and were reminded of difficult experiences. In a study like this it is unavoidable.